

Greenacres Nursing Home Limited

Wavertree Nursing and Care Home

Inspection report

Pighue Lane
Wavertree
Liverpool
Merseyside
L13 1DG

Tel: 01512284886

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Wavertree Nursing and Care Home provides accommodation and nursing/personal care for up to 46 people. At the time of our inspection there were 40 people living in the home.

People's experience of using the service and what we found

Safe recruitment processes were mostly being followed to check new applicants' suitability to work for the service. However, we identified some improvements were needed to ensure that references were obtained from suitable people and verified where needed and that any gaps in employment history were explored and explained. We have made a recommendation regarding this.

People's needs and risks to their health and safety had been assessed and care plans contained information for staff to follow to provide the right support. However, we identified some improvements were needed to the level of detail and accuracy in some people's care plans. The provider was already aware that improvements were needed to care plans and had implemented new care planning documents to address this.

Accidents and incidents were recorded and acted upon appropriately to ensure people received the right support, for example referrals to external health professionals. However, we identified that some improvements were needed to ensure that a thorough review and analysis of incidents was completed in order to look at patterns and trends and prevent them occurring in the future. Staff received safeguarding training and knew how to respond to any concerns or allegations of abuse. People told us they felt safe living at the service.

There were enough staff on duty to support people safely. Observations showed that staff responded to requests for support in a timely manner.

Relevant safety checks were completed on the environment and equipment used by people to support with their mobility needs. The home was clean and well-maintained. Domestic staff completed regular cleaning schedules to evidence tasks they had completed. Visits to the home were permitted in line with current visiting guidance for care homes.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff worked closely with external health and social care services to ensure people received the right support. Relevant referrals were completed when people's needs changed or when concerns about their health or well-being were identified.

Governance systems had identified areas in need of improvement and the provider showed us evidence of how they planned to make necessary improvements to the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 22 December 2018).

Why we inspected

We received concerns in relation to risk management. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe, effective and well-led full sections of this report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Wavertree Nursing and Care Home on our website at www.cqc.org.uk.

Follow-up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

This service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

This service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

This service was well-led.

Details are in our well-led findings below.

Wavertree Nursing and Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was completed by 2 inspectors

Service and service type

Wavertree Nursing and Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Wavertree Nursing and Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was not a registered manager in post. There was a management team in post and the provider was in the process of recruiting a permanent manager.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people who used the service and 3 family members to gather their views of the service provided. We spoke with 5 care staff, a nurse, clinical lead, interim manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We looked at 6 people's care plans and medication records for 7 people. We looked at 4 staff files in relation to recruitment and a range of other records relevant to the overall management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Safe recruitment processes were mostly in place to ensure new applicants were suitable to work for the service. However, we identified some improvements were needed to ensure that relevant background checks were robust and that gaps in employment history were recorded and explained.
- We observed there were enough staff on duty to support people safely. Staff responded to people's requests for support within a timely manner.
- People told us staff supported them when they needed it. One person said, "There's always someone [staff] around if I need them."

We recommend the provider review their recruitment processes to ensure that all necessary checks are completed in line with current recruitment guidance and regulations.

Learning lessons when things go wrong; Systems and processes to safeguard people from the risk of abuse

- Whilst action was taken to prevent further incidents occurring, we identified some improvements needed to ensure a more robust review and analysis of all incidents to look for any patterns and trends. The provider was responsive to our feedback and provided assurances this would be addressed.
- Accidents, incidents and safeguarding concerns were recorded and acted upon appropriately to protect people from harm. This included referrals to relevant health and social care professionals when needed.
- Staff received safeguarding training and knew what action they needed to take if they were concerns about people's safety.
- People told us they felt safe and well cared for by staff. One person said, "Absolutely I am safe. These lot [staff] wouldn't let anything happen."

Assessing risk, safety monitoring and management

- Risks to people's health, safety and well-being had been assessed and care plans contained information for staff to follow in order to keep people safe. However, we identified some improvements were needed to the level of detail and accuracy of information recorded in some people's care plans.
- The provider had already identified that care plans required more information about people's identified risks and had implemented new care planning documentation to address this.
- Staff were knowledgeable about people's individual risks and needs and how to support them safely.
- The environment and equipment used to support people with their mobility needs was safe and regular checks were completed to ensure their safety.

Using medicines safely

- Medicines were managed safely by staff who had received relevant training and had their competency to safely administer medicines regularly reviewed.
- Where people were prescribed topical medicines, such as creams and pain patches, charts were in place to indicate where these needed to be applied. Records showed that staff were following prescriber instructions.
- Plans were in place to guide staff on when to safely administer 'as required' medicines to ensure they were only administered when needed.
- Systems were in place to ensure medicines no longer required were returned or destroyed in line with current guidance.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- Visiting arrangements in place were in line with current guidance.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs had been assessed and care plans provided information and guidance for staff to follow to ensure people received the care and support they needed.
- We identified some improvements were needed to the level of detail in some people's care plans. The provider was aware that care plans needed more detailed information and took immediate action to address the issues we identified.
- Care plans were subject to regular reviews and additional assessments were completed where needed.

Staff support: induction, training, skills and experience

- Staff had received training relevant to their role and demonstrated a knowledge and understanding for their role and people's individual risks and needs.
- Newly recruited staff received an induction into their role to provide them with the skills and knowledge they needed to support people.
- Staff told us they felt supported in their role and were given opportunities to discuss any concerns or training needs with the manager.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough and maintain a balanced diet.
- Risks associated with people's food and drink, such as malnutrition and choking, were identified and guidance was in place for staff to support people.
- Where people required their food and drink intake monitoring, relevant charts were completed by staff. However, improvements were needed to ensure staff accurately reflected the amount of food and drink people had and, where relevant, it's consistency or texture.
- People were mostly positive about the food provided. Comments included; "It's nice food. I get a choice. If I don't like what's on the menu they [kitchen staff] will make me something else" and "It's [food] okay. Not the greatest but we do get a choice."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access external health and social care professionals when needed.
- Staff completed referrals to external professionals in a timely manner when concerns were identified with people's health or well-being. Where appropriate, care plans reflected any changes to the support people needed following any reviews or appointments.

Adapting service, design, decoration to meet people's needs

- People's rooms were decorated to their choice with items of memorabilia to provide comfort and reassurance.
- The home was adapted to meet the needs of people who required support with their mobility.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was working within the principles of the MCA.
- Authorisations to deprive people if their liberty had been applied for appropriately.
- Consent for care was obtained by people legally authorised to do so.
- Staff were heard seeking permission from people before providing support.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider promoted a culture that was person-centred and which achieved good outcomes for people.
- Staff interactions with people were positive and it was clear they knew people well and how to support them.
- Staff knew people well and provided care and support in line with their wishes and preferences.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service had experienced a number of changes in management which had impacted on the quality and detail of some information documented in people's care plans. The provider and new management team were aware of these issues and were already working through care plans to make necessary improvements.
- Observations made throughout the inspection showed good staff morale and teamwork. Staff told us they liked working at the home and felt they all supported each other well.
- Family members told us they were happy with the service their relatives received. One family member told us, "There's been some ups and downs especially since the other manager left but things seem to be getting better. I have no concerns. [Relative] is well looked after and happy."
- Audits and checks were in place and were completed effectively to identify issues and drive improvement.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff told us they felt involved and supported by the provider and managers and could discuss any concerns and were confident they would be listened to.
- Meetings were held with staff to provide updates about the service and any changes to people's health.
- Reviews and meetings were held with people who use the service to gather their views.
- The service worked with external health and social care professionals to ensure people received the right support.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was aware of their duty of candour responsibilities when things went wrong and had systems in place to ensure they followed relevant policies and processes.

